FEC FORM 2 STATEMENT OF CANDIDACY

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FEC FORM 2 (REV. 02/2009)

	·				1 L V	
1. (a) Name of Candidate (in full)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
GARY PETERS						
(b) Address (number and street)	(b) Address (number and street)			2. Identification Number		
PO BOX 226				H8MI09068	3	
(c) City, State and ZIP Code				3. Is This	X New	Amended
BLOOMFIELD HILLS	MI	48303		Statement	(N)	OR (A)
4. Party Affiliation	5. Office Sought			trict of Candida	te	•
DEMOCRATIC PARTY	House		MI 09			
DE	SIGNATION O	F PRINCIPAL (AMPAIGN	COMMITTE	E	
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 (year of election)						
NOTE:This designation should be	filed with the appro	opriate office listed	n the instructio	ons.		
(a) Name of Committee (in full)						
PETERS FOR CONGRESS						
(b) Address (number and street)						
PO BOX 226		_				
(c) City, State and ZIP Code						
BLOOMFIELD HILLS	MI	4	3303			
DE	SIGNATION O				S	
(Including Joint Fundraising Representatives)						
8. I hereby authorize the following named candidacy.	I committee, which is	NOT my principal car	npaign committe	ee, to receive and	expend fund	is on behalf of my
NOTE: This designation should be	a filed with the princ	ipal campaign com	mittee.			
(a) Name of Committee (in full)			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
SEE ATTACHED						
(b) Address (number and street)						
(c) City, State and ZIP Code						
I certify that I have ex	camined this Statem	nent and to the best	of my knowled	lge and belief it	is true, cor	rect, and complete.
Signature of Candidate	9/			Date		
GARY PETERS		bet		1-25	- 2C	PH
NOTE: Submission of false, erroned	us or incomplete in	formation may subj	ort the nercen	signing this Sta	itement to a	enalties of 211 S C 8427~
140 . E. Gubillission of faise, entitle	os or incomplete in	ionnauon may subj	T T PEISON	Jigimig tills Sta	toment to p	enalues of 2 0.3.0.943/g.

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.					
(a) Name of Committee (in full)					
JARED POLIS VICTORY FUND					
(b) Address (number and street)					
PO BOX 1174					
(c) City, State and ZIP Code					
SPRINGFIELD	22151				

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
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Delivery Confirmation™ or Signature Confirm	nation™ Label
USPS Express Mail	Postmarked 2/15/11
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
	2/16/11
(3/2005)	DATE PREPARED